Approved For Release 2001/07/31: CIA-RDP80-01826R000300010004-8

C/05D

13 December 1962

MEMORANDUM FOR: Members of Competitive Evaluation Panels

SUBJECT:

Guide for Relating New Fitness Report Ratings for Competitive Evaluation Ratings

- 1. A guide for relating fitness report ratings to competitive evaluation ratings was issued on 21 June 1961. The Office of Personnel has subsequently revised the Agency's Fitness Report form and changed the ratings for performance from a numerical scale to an alphabetical scale. This change has necessitated a revision of the original guide. The revised guide is attached to this memorandum.
- 2. It is reiterated that the attached is only a guide. Panels may assign different numerical values than are reflected in the guide when, in their judgment, they afford more accurate evaluations.

25X1A9a

Executive Officer

Attachment: As Indicated

DOCUMENT NO.

NO CHANGE IN CLASS.

X DECLASSIFIED

CLASS. CHANGED TO: TS S C

NEXT REVIEW DATE:

AUTH: HB 70.2

DATE: 08/03/82 REVIEWER: 01899 5

Group l
Excluded from automatic
downgrading and
ER0003000 10004-declassication

Approved For Release 2001/07/31 : CIA-RDP80-01826R000300010004-8

REVISED GUIDE FOR RELATING FITNESS REPORT RATING FOR OVERALL PERFORMANCE TO COMPETITIVE EVALUATION FOR PERFORMANCE

SECTION B	OVERALL PERFORMANCE		
Fitness Report	Competitive Evaluation Rating Values		
w	0-1-2-3-4-5-6-7-8-9-10		
. A	11-12-13-14-15-16-17		
P	18-19-20-21-22-23-24-25-26-27-28-29		
S	30-31-32-33-34-35-36-37-38-39-40-41-42-43-44		
0	45-46-47-48-49-50		

					EMPLOYEE SERIAL NUMBER				
ني.		FITNE	SS REPORT						
CTION A			(GENERAL			· · · · · · · · · · · · · · · · · · ·	5, SD	
NAME	(Last)	(First)	(Middle)	2. DAT	E OF BIRTH	3. SEX	4. GRADE	3. 30	
NAME	(====,					J		OT A TION	
OFFICIAL POSIT	ION TITLE			7. OFF	/DIV/BR OF	ASSIGNMENT	8. CURRE	NI SIATION	
OI I ICINA I STIL									
CHECK (X) TYPE	OF APPOINTM	MENT		10. CH	ECK (X) TYP	E OF REPOR	T	ASSIGNMENT SU	PERVISO
CAREER	RESERVE	1	TEMPORARY		INITIAL		l	ASSIGNMENT EN	
	OVISIONAL (See	instructions	- Section C)		ANNUAL		RE	ASSIGNMENT	
SPECIAL (Sp					SPECIAL (Sp	ecify):	40-1		
DATE REPORT				12. RE	PORTING PE	RIOD (From-			
BATE KET THE									
CTION B			PERFORMA	ANCE EVA	LUATION				requires
V - <u>Weak</u> A - <u>Adequate</u>	positive remed	stat action.	wholly inadequate The nature of the t or to separation quirements. It is	- Describ	action take	n or propose	d in Sectio	on C.	
7.0040-12	excellence.		satisfactory. De	اريم مراسم دريا	e are being	produced in	a proficier	t manner.	
P - <u>Proficient</u>				. al acaticias	CV.				
S - <u>Strong</u>	Performance i	s character	ized by exception tional in relation to the as to warrant spi	iai proficiei	ants of the w	ork and in co	omparison	to the performa	nce of
O - Outstanding	Performance i	s so except	ional in relation to as to warrant sp	ecial recog	nition.		•		
	others doing s	Sillitial Work	SDE	ECIFIC DI	ITIES				
PECIFIC DUTY N	10. 1								LETTE
		·						·	RATIN
SPECIFIC DUTY N	10. 2								LETTE
									RATIN
SPECIFIC DUTY	ИО∙ 3		•						
•									
						_			
									LETT
SPECIFIC DUTY	NO. 4								
i									RATII
SPECIFIC DUTY	NO. 5								LETT
JECHERO DOTT									
									RATI
SPECIFIC DUTY	NO. 6								LETT
	•								
							-		
		,				I DOMEST	<u></u>		
			ERALL PERFO						RAT
		about the e	mployee which in	fluences hi	s effectiven	ess in his cu	rrent posit	ion such as per or habits, and	
particular limit	tations or talen	ts. Based	ty, conduct on it on your knowledge onding to the state	ge of emplo tement which	yee's overa h most accu	il pertorman rately reflect	s his leve	l of performanc	e.

Approved For Release 2001/07 0-01826R000300010004-8
NARRATIVE COMMENTS

SECTION C

overall performance. State suggesti	ions made for improvement of work performant required for current position. Amplify or expl	eping in proper perspective their relationship to ea. Give recommendations for training. Comment lain ratings given in Section B to provide best ial or supervisory duties must be described, if
gan de la companiona de		
•	-	
$X = \{x_i, x_i \in X_i \mid x_i \in X_i \mid x_i \in X_i \}$		
·		
SECTION D	CERTIFICATION AND COMM	
A. PEION P	CERTIFICATION AND COMMP	:NTS
V CHORD	CERTIFICATION AND COMME BY EMPLOYEE	<u>:NTS</u>
I CE	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN	
DATE	BY EMPLOYEE	
DATE 2.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR	D C OF THIS REPORT
DATE	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE	D C OF THIS REPORT
DATE 2.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR	D C OF THIS REPORT
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3.	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION
DATE 2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION DATE 3. COMMENTS OF REVIEWING OFFICIAL	BY EMPLOYEE RTIFY THAT I HAVE SEEN SECTIONS A, B, AN SIGNATURE OF EMPLOYEE BY SUPERVISOR IF THIS REPORT HAS NOT BEEN SHOWN TO E OFFICIAL TITLE OF SUPERVISOR BY REVIEWING OFFICIAL	D C OF THIS REPORT MPLOYEE, GIVE EXPLANATION TYPED OR PRINTED NAME AND SIGNATURE